THE URBAN DISTRICT OF DISS

ANNUAL REPORT OF THE MEDICAL OFFICER OF HEALTH

FOR 1972

HEALTH COMMITTEE 1972/73

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THE ANNUAL REPORT OF THE MEDICAL OFFICER OF HEALTH

FOR THE YEAR 1972

Mr. Chairman, Ladies and Gentlemen,

I have the honour to present my annual report for 1972.

The state of the health of the population remained static during the period under review as far as can be ascertained from the statistics supplied by the Registrar General. As noted on previous occasions, the numbers of people shown to be dying from various causes is only the tip of the iceberg which is demonstrative of the mass of suffering which lies hidden beneath from similar causes. As we all now know, health education has had little impact on the smoking habits of the population and one can only hope that Jimmy Saville has had more success on the seat belt habit. Much ill health and suffering is caused by the ageing process to which we are all subject. Rheumatism, heart disease, paralysis and mental disorders of many kinds are all very common and truth to tell we are sadly ignorant of much of their cause and prevention. There is some evidence that much disability could be guarded against by some common sense changes in our living habits; but these are apparently generally unacceptable. Established habits are considered by most people as a form of Russian Roulette in which the odds of losing appear to be acceptable.

The problem assumes a different aspect when a custom has an adverse effect on others as well. Smoking in a confined space occupied by others is a simple and very common example. This is usually a conscious and premeditated act and is accepted without much censure by the victims. Conversely, many harmful actions are neither conscious nor premeditated, or alternatively there is ignorance of the harmful effect. I believe that one of the most important decisions that comes into the latter category and affects infectious disease control of young infants is the present fashion of artificial feeding and the serious neglect of the value of breast milk. It is becoming more and more uncommon to find young mothers who are able to successfully breast feed their babies for more than a few weeks. It is probably safe to say that the majority don't even try it at all.

The formulation of milk of different species of animals is the only ideal for that particular animal and varies quite substantially, but apart from having the right proportions of salts and proteins etc., there are substances in human milk which protect the baby against infection until it is big and strong enough to provide sufficient quantities for itself. It is possibly for this reason that cot deaths are less common in breast fed infants, as many believe that this is due to an overwhelming virus infection that can kill in a few hours. In addition, breast feeding is simpler and more hygienic so the infant is not so vulnerable to bowel infections which cause vomiting and diarrhoea. Overweight babies often produce overweight children and adults which is also a health hazard far less frequent in the breast fed.

Education, if it has any value, should teach young people how to lead healthier and happier lives. This should also involve how they in turn should manage their own children to this end, especially in the period before professional teaching at school age - a period of the most important development. My enquiries have generally revealed great ignorance on these matters amongst young and old alike.

Many enquiries are received by the Health Department about the health hazards of obnoxious smells. Most often these are just the normal ones that must be expected in the country from animal husbandry. These, however, may be excessive from bad management and a recent national newspaper reported an enormous fine imposed on a farmer because the smell from his pigs was excessive due to this cause and was a severe nuisance to those living in the vicinity.

We also often receive enquiries about the hazard to health from air pollution from stubble burning. This is undoubtedly an infringement on the Clean Air Act, but it only occurs for a brief period once a year and has many advantages for the farmer. To plough the straw back into the land it would first have to be chopped into small pieces, which would be expensive in machinery and labour. Burning destroys certain plant diseases in the stubble. Burning kills a lot of weed seed, particularly wild oats. Planting by drilling in the future can only be done if stubble is burned completely. All in all, burning seems a benefit which far outweights any nuisance it may cause.

At the time of writing this report plans for re-organising Local Government are going ahead. No Rural or Urban District Medical Officer of Health can be sure what his relationship to the new larger administration will be, although for my part it will be contained within the same geographical area with which I have been associated. I can only hope that the close attachment and affection that I have felt for each of the five districts of the present Area 5, when they join to become South Norfolk, will be allowed to continue. As this has been largely due to the happy relationship I have enjoyed with individual members and officers of each Council, particularly its Public Health Inspectors, I would like in conclusion to express my deep appreciation of their co-operation and kindness at all times.

I have the honour to be

Your obedient servant

R.D. Harland

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Grosvenor House,
112 Prince of Wales Road,
Norwich, NOR 34B.

DISS URBAN DISTRICT - 1972

Table 1. GENERAL STATISTICS

Area (in acres) (Including water)	3,674
Estimated Resident Population	4,600
Rateable Value	£189,047
Sum produced by a Penny Rate	£1,830

Table 2. LIVE BIRTHS

	Males	Females	Total
Legitimate	26	24	50
Illegitimate	1	2	3
Totals	27	26	53

Live Birth Rate per 1,000 of estimated resident population = 11.5

Table 3. STILL BIRTHS

	Males	Females	Total
Legitimate	-	-	-
Illegitimate	-	1	1
Totals	-	1	1

Still Birth Rate per 1,000 total births = 19

Table 4. TOTAL BIRTHS

	Males	Females	Total
Legitimate	26	25	51
Illegitimate	1	2	3
Totals	27	27	54

Table 5. INFANT DEATHS

(a) Infant Mortality (Deaths of Infants under 1 year)

	Males	Females	Total
Legitimate	-	1	1
Illegitimate	-	-	-

Infant Mortality Rates:
Total = 18.9 (per 1,000 live births)
Legitimate = 20.0 (per 1,000 legitimate births)
Illegitimate = 0.0 (per 1,000 illegitimate births)

(b) Neo-Natal Mortality (Deaths of Infants during first four weeks)

	Males	Females	Total
Legitimate	-	1	1
Illegitimate	-	-	-

Neo-Natal Mortality Rate (per 1,000 live births) = 18.9

(c) Early Neo-Natal Mortality (Deaths of Infants under 1 week)

	Males	Females	Total
Legitimate	-	1	1
Illegitimate	-	-	-

Early Neo-Natal Mortality Rate (per 1,000 live births) = 18.9

(d) Perinatal Mortality (Still births and deaths under 1 week

	Males	Females	Total
Legitimate	-	2	2
Illegitimate	-	-	-

Perinatal Mortality Rate (per 1,000 total births) = 36.4

Table 6. ILLEGITIMATE BIRTHS

MALES = 1 FEMALES = 2 TOTAL = 3 = 6% of total live births.

Table 7. MATERNAL DEATHS (Including abortion) = NIL

Table 8. DEATHS (All Ages)

Males	Females	Totals
29	37	66

Crude Death Rate (per 1,000 of estimated resident population) = 14.3

Table 9. CAUSE OF DEATH OF INFANTS UNDER ONE YEAR

	Males	Females	Total
Dysmaturity	-	1	1

Table 10. NOTIFICATION OF DEATHS RECEIVED DURING THE YEAR
(According to Age Groups)

	Males	Females	Total
Under 4 weeks	-	1	1
4 weeks and under 1 yr.	-	-	-
1 year " " 5	-	-	-
5 " " " 15	-	1	1
15 " " " 25	-	1	1
25 " " " 35	-	-	-
35 " " " 45	-	-	-
45 " " " 55	2	-	2
55 " " " 65	1	1	2
65 " " " 75	13	10	23
75 and over	13	23	36
Totals	29	37	66

Table 11. CAUSE OF TOTAL DEATHS (Registrar General)

	Males	Females	Total
Malignant Neoplasm, Oesophagus	1	-	1
Malignant Neoplasm, Stomach	1	1	2
Malignant Neoplasm, Intestine	2	-	2
Malignant Neoplasm, Lung, Bronchus	1	-	1
Malignant Neoplasm, Breast	-	2	2
Other Diseases of Nervous System	1	2	3
Chronic Pheumatic Heart Disease	-	1	1
Ischaemic Heart Disease	9	6	15
Other Forms of Heart Disease	3	4	7
Cerebrovascular Disease	4	9	13
Other Diseases of Circulatory System	3	1	4
Pneumonia	1	6	7
Bronchitis and Emphysema	2	-	2
Intestinal Obstruction and Hernia	-	1	1
Diseases of Musculo-Skeletal System	-	1	1
Congenital Anomalies	1	1	2
Other causes of Perinatal Mortality	-	1	1
Motor Vehicle Accidents	-	1	1
Totals	29	37	66

Table 12. SUMMARY OF BIRTH AND DEATH RATES

	1968	1969	1970	1971	1972
Live Births (per 1,000 pop)	(65)	(57)	(49)	(72)	(53)
Diss U.D.	15.4	13.5	11.6	15.9	11.5
Area 5	16.1	14.9	15.1	16.1	14.7
England & Wales (provisional)	16.9	16.3	16.0	16.0	14.8
Still Births (per 1,000 total births)	(0)	(3)	(2)	(1)	(1)
Diss U.D.	0.0	50.0	39.0	14.3	19.0
Area 5	9.6	12.7	12.3	6.9	11.2
England & Wales (provisional)	14.0	13.0	13.0	11.6	12.0
Crude Deaths (per 1,000 pop)	(67)	(44)	(49)	(62)	(66)
Diss U.D.	15.9	10.5	11.6	13.7	14.3
Area 5	13.3	11.8	11.7	12.5	12.8
England & Wales (provisional)	11.9	13.6	11.7	12.0	12.1
Infant Mortality (per 1,000 live births)	(3)	(1)	(1)	(0)	(1)
Diss U.D.	46.0	17.5	20.0	0.0	18.9
Area 5	13.0	14.6	11.6	12.3	19.0
England & Wales (provisional)	18.0	18.0	18.0	18.0	17.0

NOTE: 1. Figures in brackets are the actual numbers for Diss U.D.
2. Area 5 comprises Depwade, Forehoe & Henstead and Loddon R.D.'s and Diss and Wymondham U.D.'s.

Table 13. DEATHS DUE TO CANCER - Diss U.D.

	1966	1967	1968	1969	1970	1971	1972
Number of deaths	7	9	13	12	13	13	8
Percentage of total deaths	13	20	19	27	26	21	12

Table 14. CANCER DEATHS DURING LAST FIVE YEARS - Diss U.D.

Year	Male			Female		
	Total Deaths	Total Cancer Deaths	Cancer of Lung	Total Deaths	Total Cancer Deaths	Cancer of Lung
1972	29	5	1	37	3	-
1971	34	9	3	28	4	1
1970	27	7	-	22	6	2
1969	21	6	2	23	6	-
1968	41	10	5	26	3	-
Totals	152	37	11	136	22	3

Table 15. NOTIFICATION OF INFECTIOUS DISEASES (According to Age Groups) - Diss U.D.

	Under 1	1-4 yrs.	5-14 yrs.	15-24 yrs.	Over 25	Total
Scarlet Fever	-	-	2	-	-	2
Measles	-	7	3	-	-	10
Whooping Cough	-	1	1	-	-	2
Infective Hepatitis	-	-	-	1	-	1
Totals	-	8	6	1	-	15

Table 16. INCIDENCE OF INFECTIOUS DISEASE DURING LAST FIVE YEARS - Diss U.D.

	1968	1969	1970	1971	1972
Whooping Cough	-	11	3	-	2
Scarlet Fever	2	4	2	2	2
Measles	129	2	1	36	10
Tuberculosis (Pulmonary)	1	-	-	1	-
Tuberculosis (Non-Pulmonary)	-	-	1	-	-
Ophthalmia Neonatorum	-	-	1	-	-
Food Poisoning	-	-	-	1	-
Infective Hepatitis	-	-	-	-	1
Totals	132	17	8	40	15

Information given by the County Medical Officer in respect of Vaccination and Immunisation carried out in Area 5 (comprising Depwade, Forehoe & Henstead and Loddon R.D.'s and Diss and Wymondham U.D.'s) during the year is shown in Tables 17 to 23.

Table 17. DIPHTHERIA IMMUNISATION - Area 5

PRIMARY				BOOSTERS		
Age 0-1	Age 2-4	Age 5-15	Total	Age 1-4	Age 5-15	Total
774	207	66	1047	82	993	1075

Table 18. IMMUNISATION AGAINST WHOOPING COUGH - Area 5

PRIMARY			
Age 0-1	Age 2-4	Age 5-15	Total
774	206	18	998

Table 19. IMMUNISATION AGAINST TETANUS - Area 5

PRIMARY				BOOSTERS		
Age 0-1	Age 2-4	Age 5-15	Total	Age 1-4	Age 5-14	Total
779	210	88	1077	90	2026	2116

Table 20. VACCINATION AGAINST POLIOMYELITIS - Area 5

PRIMARY				BOOSTERS		
Age 0-1	Age 2-4	Age 5-14	Total	Age 0-1	Age 5-15	Total
775	206	65	1046	63	1612	1675

Table 21. B.C.G. VACCINATION AGAINST TUBERCULOSIS - Area 5

This is given at the age of 13 years to all school children who do not react to the tuberculin skin test. Number of skin tests and subsequent B.C.G. vaccinations last year is recorded.

Number Skin Tested	Number Positive	Number B.C.G. Vaccinated
947	11	877

Table 22. GERMAN MEASLES (RUBELLA) VACCINATION - Area 5

This was introduced towards the end of 1970 and is offered to 13 year old girls.

Year	Vaccinated
1970	400
1971	484
1972	485

Table 23. ENGLISH MEASLES VACCINATION - Area 5

	Age 0-1	Age 2-4	Age 5-14	Total
1968	11	369	656	1036
1969	81	234	587	902
1970	5	742	670	1417
1971	411	390	276	1077
1972	533	372	336	1241